THE ABUSE OF THE PSYCHOLOGICAL IN PRESENT-DAY CLINICAL PSYCHIATRY*

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SOME 15 or 20 years ago I ventured to suggest that ours is a psychological age. By this I meant to say that toward the end of the 19th Century our scientific interests had turned from systematized, quasi-biological and physiological psychiatry toward more or less purely psychological theories.

As a matter of fact, this turn from tangible and measurable determinism toward psychological dynamics (whether speculative or empirical) could be easily observed not only in the development of psychiatry but also in sociology and later on in anthropology. This psychological interest of ours seems to have begun to develop under the influence of Adler and Jung, and pre-eminently under that of Freud. The coming of age of cultural anthropology in our time is a very good illustration of this psychological pathway into which many a scientific discipline has moved during the past half-century.

To ascribe it all to Freud, Jung and Adler would be a serious mistake, of course. Even in the United States, which seemed far removed for a while from the inspirations of a Schopenhauer or a Nietzsche, and which was glorying in the empirical and utilitarian successes of its industrial development, we could observe the coming of this psychological age despite the purely positivistic and pragmatic popularity of Spencer and William James. The founder of sociology in America, Lester F. Ward, sensed the importance of the "psychic factors in civilization" long before Freud's early writings reached the shores of America, and long before the role of psychological dynamics in the field of psychiatry, or social psychology, began to be recognized.

I do not think it is an exaggeration, however, to say that our psychological age shows pre-eminently the influence of Freud. The emphasis on Freud should not be laid at the door of the writer simply because

* Presented before a combined meeting of the Section on Neurology and Psychiatry of The New York Academy of Medicine with the New York Neurological Society, at The New York Academy of Medicine, February 14, 1956. Manuscript received March 1956.

he happens to be a Freudian. It so happens that the passage of time has diffused to a considerable extent the influence of Adler and Jung. Adler was absorbed, so to speak, and assimilated by a variety of sociological trends, and as a result of many factors inherent in any purely sociological hypothesis his contributions seem to have faded out of—or if you wish faded into—the general, total picture of present-day clinical psychopathology and psychiatry. As to Jung, despite the latter's great depth of vision and keen intuition, his influence too seems almost to have dissolved as far as psychiatry is concerned. Perhaps the reason for this is to be sought in Jung's philosophical horizon and metaphysical bent, for in Jung's case both seem to move away from individualization toward the collective, the general, the common denominator. A common denominator, no matter how brilliant and even correct, cannot easily survive in clinical psychiatry, because clinical psychiatry, particularly that of today, more than at any time throughout its history is individualistic, and it genuinely respects the individual, the personality of the patient, the indivisibility of the human person.

It is this particular type of individualism, more than any other element of Freudian psychoanalysis, that is responsible for the deep influence that Freud has exerted and is still exerting on clinical psychiatry. For, from this point of view, it matters little whether a given psychiatrist accepts or rejects the hypotheses dealing with the Oedipus complex, the feminine castration complex, or even the topographic scheme of the personality. What matters here is the integral view of the human person and the latter's capacity to assimilate and integrate a variety of impulses or impacts coming from within or from without the human personality. What is usually and colloquially in present-day psychiatry called "the emotional life of the individual" represents that ebb and flow of integrative processes within the ego of the person whom we happen to be considering. It goes without saying, of course, that in this so-called psychiatric, colloquial sense of the word, "emotional" conveys the meaning of the *unconscious* emotional elements of the person.

Being concerned here primarily with medicopsychological, clinical issues which psychology is called upon to meet, we must observe the following:

The fact that ours is a psychological age is incontestable. Yet there are signs that a considerable change is taking place in the character of

this psychological age. In 1940 we knew or spoke little of "battle fatigue," or "narco-synthesis," or—what is worse—"narco-analysis." During approximately the last decade and a half we seem to have shifted away from the pathway of so-called "pure psychology" and have drifted, imperceptibly but relentlessly (under the pressure of war, perhaps), into a form of pharmaceutic interference with clinical conditions. I state these facts more from the standpoint of the historical perspective than from the viewpoint of a partisan of any given point of view. Only the future will decide the worth of drugs, electrotherapy or psychosurgery.

What matters here is the recognition of the fact that our psychological age, while standing on a psychological platform, does resort to the use of a number of nonpsychological agents with increasing rapidity and increasing intensity. It is the rationale for the use of the various drugs that makes it quite evident that we are still in a phase of a psychological age. For one seldom hears claims that the newer drugs and other agents possess specific curative properties. We call them mostly "tranquilizing" drugs—which means that they have some sort of psychological effect and make the patients "less difficult to handle," as the saying goes: less annoying to those who are in charge of them. The claim is therefore made that such drugs, or some of them, and some other physical agents like electric shock, are valuable adjuvants in that they "make patients more amenable or even more accessible to psychotherapy."

Let us not forget that some 140 years or so ago the tranquilizing drugs of the day were considered as psychological agents merely because they seemed to produce a psychological effect on patients. Important and significant and even instructive as this historical parallel might be, it would be foolish to assume that we are as devoid of psychological insight into the problems of our patients as Heinroth and Reil were when they relied so much on the tranquilizing drugs of their day. The present-day perspective becomes a little blurred when we take into consideration this historical parallel.

Let us assume that under the influence of these drugs our psychiatric patients do become more pliable, less adamant, less cantankerous—does it all really mean that they become more *accessible* to psychotherapy? Is the psychotherapeutic accessibility to be measured by the patient's compliance? What does this particular accessibility mean? It means

not only compliance—it may mean no compliance at all—but it must also mean that the patient's ego organization is able to meet our psychotherapeutic efforts half-way, to ingest, so to speak, and to assimilate, to integrate that which is offered the patient in psychotherapy.

The striking thing about the whole problem, which I must admit still requires considerable exploration and illumination, is the fact that in the course of the past two decades or so, particularly since the last war, the patient seems to be considered as a passive being who is present to receive, to accept, to take what is offered with few if any questions. True enough, we do not say this in so many words, but our medico-psychological language underwent sufficient change to reflect this newer postwar attitude. We speak, for instance, of patients being *given* psychotherapy, as if psychotherapy were some sort of pill.

Then too, we seem to lose sight of the fact that any drug, if administered in sufficient full physiological doses, impairs the elasticity and the general capacity of the ego organization and therefore impairs, no matter how temporarily, the full and free functions of the human ego. Reserpine might have a unique and even dramatic effect on many patients but, speaking in purely pharmacological and physiological terms, will a patient who is under a drug like reserpine have enough epinephrine and sufficient blood pressure, so to speak, when called upon to meet a life situation of moderate severity? If this situation arises from without, the patient may prove too "tranquilized" to master it; should it be coming from within, how could he solve the arising conflict? Without the drug he could not do it, because his ego proved too weak and therefore he became ill; with the drug the ego is too dulled and consequently, as far as his problems are concerned, he can do no more than he did without it.

Let us make one thing clear: I am not an opponent of the use of certain modern drugs; I am merely opposed to coupling their usage with the idea that they are excellent adjuvants to psychotherapy. It should be a postulate to every psychotherapist that without full participation of the ego forces available to our patients, psychotherapy becomes but a word. It is from this point of view that I consider that psychology is much abused, if it is made to fit our psychotherapeutic wishes in the light of our medicamentous propensities. It is a pity, of course, that in the field of drugs no such work has as yet been done as that of Kurt Goldstein in the field of electroshock therapy; Goldstein proved

how erroneous were the views of those who mistook the apparent social improvement following electroshock therapy for a real improvement in ego functions.

As long as we remain on the level of purely empirical procedures, as medicine and surgery always have done, we can hardly find objections to the use of "anything that works" provided of course such use does not endanger the life of the patient and of those around him. However, the legitimate use of whatever remedies medicine may stumble upon empirically may not claim such purely psychological territories as "helping the transference," or "becoming more accessible to psychotherapy." Any such claim represents a form of abuse of the psychological, a sort of unnecessary bow to the tradition of our generation which seems to bestow psychiatric respectability only if we speak in psychological terms even of the simplest or crudest pharmacological procedures.

As I have already implied, the approach to psychological therapy seems to have changed of recent years. The autonomous nature of the human personality, that personality's active participation in any psychotherapeutic process, even if part of it remains unconscious temporarily, all these important, dynamic ingredients of psychotherapy seem to be either overlooked or disregarded or, what is worse, reduced to purely intellectual, or verbal levels.

This represents a certain lowering of the scientific and even the intellectual level of psychotherapy—which is a phenomenon as paradoxical as it is disquieting. For is it not paradoxical that during a psychological age, which was leavened by the psychology of the unconscious and by Freudian psychoanalysis, the methods of psychological therapy should appear less disciplined, more diffused and, let us say the word, less scientific than half a generation ago? The paradox becomes even more striking if we bear in mind that this apparently retrogressive development of psychological therapy is taking place at a time when the number of psychotherapists has increased almost a thousandfold as compared with less than a generation ago. Moreover, the official training standards seem to have become stricter, the educational requirements more stringent. It would be an error to insist that since educational requirements for the specialty of psychiatry have become more strict, the psychotherapy which is prevalent today must automatically be considered better. It is an admitted fact that psycho-

therapy is in a state of diffusion and that it lacks true scientific discipline; it is further known that psychotherapy is practiced officially and under various guises by a host of nonmedical people of various degrees of low psychological and lower clinical horizons, to say nothing of the great variety of educational backgrounds. The phenomenon as a whole both asserts and rejects the value of psychology. The assertion is made through the ever-increasing popularity of psychotherapy ("the use of psychological methods of treatment"); the rejection, or denial, of the value of psychology is made apparent by the fundamental lack of scientific and educational discipline in the field.

Before even a partial attempt is made to seek an answer as to why this should happen to be so, one must turn for a moment to that field of psychotherapy which has left the deepest imprint on psychological methods of treatment—I mean psychoanalysis. In the field of psychoanalysis, too, it is not difficult to discern the retrogressive trends of which I have spoken. First of all psychoanalysis, by the time it reached these shores, had already become a *movement;* it was not a movement within or outside medicine, but rather an extra-medical movement. And while it is true that the formal requirements of some psychoanalytic groups are couched in terms of medical requirements, the number of nonmedical and nonclerical groups, official and unofficial, seems to be mushrooming quasi-independently without the public being at all aware of the differences. I don't think I am an exception, nor do I think my experience is exceptional; yet I am always impressed in an embarrassed sort of way with the fact of how often patients ask me: "Are you a medical doctor, too?" Even among the so-called educated classes, psychology and medicine are separate and independent fields. It is true that the development of traditional, or as some call it, classical psychoanalysis brought within its scope sociology, anthropology and philosophy; this has enriched our understanding of medical psychology, but this does not make psychoanalysts out of sociologists, anthropologists, philosophers, vocational trainers, psychologists, or marriage counselors—any more than good chemists and physicists, whose contributions to medicine and surgery are undeniable, become medical men by virtue of their special knowledge of physics or chemistry.

Thus, in the field of psychoanalysis one observes little factual integration of this discipline with medicine. And at the same time, particularly during the last fifteen years or so, there has developed a tendency

to overweigh the whole field of psychoanalysis with theory at the expense of strictly clinical considerations. The notable exceptions are few even though notable, and they only emphasize the fact as stated.

No wonder, therefore, that in recent years no substantial new contributions have been made to our knowledge of psychiatric clinical phenomena, and that the field of medical psychology seems at times almost blurred by theoretical, deductive propositions–as if medical psychology had begun to show a tendency to retrogress to its original source, to general philosophy. While it is true that no truly human life is possible without an underlying philosophy of life, spoken or unspoken, conscious or unconscious, a medical psychology which returns to philosophy becomes diluted and diffused.

We can now consider briefly the question as to why all this came to pass. No attempt will be made here to find a socio-philosophical and psychological and careful historical analysis of the problem. This task ought to be entrusted to the future worker who will command more knowledge and greater perspective than we have, standing as we do so closely to the facts under discussion.

However, the inescapable fact before us is this: Psychiatry (and therefore medical psychology) is a highly individualistic discipline. It not only recognizes the principle of the autonomy of the human personality, it practices it. Without practicing it, it stops being psychiatry. Psychoanalysis represents both the greatest recent contribution to and the clearest expression of the conviction that "man is the measure of all things," that the human person cannot be lost sight of without our losing the very essence of psychotherapy.

The war and the urgencies it created brought into play masses of people, consciousness of mass movements, disindividualization of our approach to our tasks. This alone was an enormous factor in doing injury to psychotherapy, because it is most difficult to pay heed to the individual when the urgent problems of the day are couched in terms of mass movements. A kind of flight from the individual, from the personal developed; this flight manifested itself under various guises: "There is so little time"; "We must develop shorter procedures–less lengthy ones, at any rate"; "We are not what we are unless we are members of a group." Hence "group therapy," or "group psychotherapy."

Combined with this disindividualization, if not intimately related to it, is the above-mentioned loosening of the ties between psychotherapy

and medicine. There has never been a medicine or a surgery without a specific person to be ministered to. You cannot even give an enema to, still less remove an appendix from, a statistical datum; it is a human person that medicine must deal with, or there is no medicine at all.

Thus although the efflorescence of medical psychology during the past 50 years coincided with the increased recognition of the value and significance of the human individual, at the same time, under the pressure of the events of wars and several revolutions, the value of the individual fell sharply on the morally questionable stock exchange of material human achievements in terms of power. In these wars and revolutions not only did many human beings die, but at no time in history, not even in the years of pestilence of the 14th Century or the years of burning of witches in the 16th and 17th Centuries, were so many people in proportion killed or otherwise exterminated. The value of human life having fallen, the value of the individual fell too. Thus the very backbone, the very spirit of medicine and particularly of psychological medicine weakened during the past half generation, and it is for this reason, if for no other, that the inner ties between psychology and medicine became loosened.

I have deliberately failed to mention here the development of psychosomatic medicine, a development which at first sight seems to refute the thesis defended here. I should prefer to limit myself merely to hazarding the opinion that psychosomatic medicine is a passing phenomenon which is but a reflection of the shifting sands of medical history. Psychosomatic medicine is but a by-product of our age, and far from refuting, it confirms my thesis. It demonstrates that we are living in a psychological age, and it also demonstrates that medical psychology has somehow lost its medical direction and drifted into a sort of hyphenated existence which makes it not enough psychological to be psychiatric and not enough medical to stand on its own. Here too it is the psychology of diseases that we have drifted into, rather than the psychology of individuals who are ill.

Moreover, it is doubtful whether psychosomatic medicine, based as it is on the dichotomy of soma and psyche, could by its very nature serve the purpose of keeping the integrated unity that is a human person, unified and integrated.

One last word. The thesis presented here might well give the impression of undue pessimism. I must admit that there is little to rejoice

about when one contemplates the lessening of the value of the human individual and how this begins to show itself in the field of medical psychology. On the other hand, this is but one side of the picture, and it is only this side that I have chosen to dwell upon and to point out here.

As our awareness of this becomes greater and clearer, the main trends of medical history cannot help but reassert themselves and reinstate the value and the autonomy of the human individual. This is impossible, of course, without a considerable moral regeneration, but one should never forget that throughout the ages medicine has never failed in such moral revival, even though it has frequently been swallowed by the elemental outbursts of historical catastrophes. It was thus during the 13th Century, it was thus during the 16th, and it will thus be in this or the century ahead of us.